



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: January 13, 2011

HSS 11 013

THE OPERATION OF TWENTY-EIGHT SCHOOL-BASED
HEALTH CENTERS FOR ADOLESCENTS IN NINETEEN
SCHOOL DISTRICTS IN DELAWARE

FOR

DIVISION OF PUBLIC HEALTH

Date Due: February 24, 2011
11:00 AM

ADDENDUM # 2 * Questions and Answers
* Changes regarding letter of support

Please Note: THE ATTACHED SHEETS HEREBY BECOME A PART
OF THE ABOVE MENTIONED BID.

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**THE OPERATION OF TWENTY-EIGHT SCHOOL-BASED HEALTH CENTERS
FOR ADOLESCENTS IN NINETEEN SCHOOL DISTRICTS IN DELAWARE
RFP 11 013**

PLEASE NOTE: The answer to question 95 corrects all references to a letter of support to a requirement for a letter of good faith inquiry.

First Set of Questions

RFP/Selection:

1. What is your priority for awarding the RFP, maintaining the same model of service (or close to it) or building a sustainable model?
Answer: The budget for SBHCs is still at \$5.3 million. Members of the rating's committee will be informed of this. The overriding reason for implementing SBHCs in Delaware was and still is for universal access to care. Base funding is based on the total population of the school. Bid ratings will be affected by the number of students that vendors say that they will enroll in the program and serve.
2. Will the schools (superintendents, school administrators) take part in the scoring process that will determine which vender receives the award?
Answer: Superintendents/their designees or the principals from each school will be a part of the 19 school district rating's committees.
3. Will the schools have access to the proposals before they are decided on?
Answer: Only to the extent identified in the answer to question #2.
4. Since we are bidding by district, should budget submitted with proposal include budget for each school and the entire district or just the district?
Answer: Although vendors must submit bids by district, they MUST submit individual budgets for each school detailing the numbers of hours per week that each staff works and the number of weeks that they will work including summer hours.
5. How much detail do you want in goals: a description of the services with objectives, activities, strategies and resources to obtain goals with timeline or do you want the detail we are currently providing annually for goals and objectives?
Answer: DPH needs to see the detail with goals and objectives.
6. If you want the detail provided currently, we will need access to information regarding schools where we are not currently located.
Answer: DPH will provide you with this information.

Funding/Revenue:

7. Do you have a budget projection for next year (I understand it's contingent upon funding, JFC, etc)?
Answer: The budget request submitted from DPH remains at \$5.3 million.
8. What is your time line for transitioning wellness center funding from fully state funded wellness centers to fee for service?
Answer: It is DPH's expectation that wellness centers will always need some state support for operations, based on models in other states. A timeline for reducing the state allocation has not been determined at this time. It will depend on the

amount of third-party reimbursement, state funding and decisions made by the General Assembly.

9. Do you plan on decreasing state funding slowly, if so at what rate or percentage yearly?

Answer: Same as the above.

10. In the past you discussed supplemental funding, but had no definition of it (amount, how it would be used). Any clarification?

Answer: Such costs are provided in the base funding.

11. The RFP emphasizes disease prevention and education, yet these services are often not reimbursable. Moving forward, is this part of the supplemental funding plan?

Answer: No, however, DPH wants centers to continue to provide health education. In fact, health education was used to provide the basis for DPH to go after the capital equipment, federal grant funding. Education and prevention should be standard components of visits to the wellness centers.

12. Are Medicaid MCO providers capitated, and if so are physical exams/well-child checks done by SBHC outside the capitated rate and therefore the provider will not lose the annual well-child check?

Answer: Under Medicaid, SBHCs are a carve-out, so they are not subject to MCOs. Vendors will be paid a flat rate by Medicaid for any visit to the SBHC. This rate is based on and will be based on the vendors providing Medicaid through DPH, the upper limit costs for each one of the sites under their administration. It will be a contractual requirement to provide this information. The rate from October 1, 2010 – December 31, 2010 = \$108.22.

13. Is DPH negotiating a contract with DMMA for all SBHC vendors?

Answer: DPH has secured a visit rate from Medicaid. From October 1, 2010 – December 31, 2010, the rate is \$108.22.

14. Can centers charge for SPE s and not bill insurance?

Answer: Sports physicals can be charged if the insurance company has already made payment for one during the calendar year and if the student has no insurance.

15. Can Medicaid reimburse for SPEs?

Answer: Sports physicals under Medicaid fall under the carve-out rate.

16. Are vendors allowed to balance bill?

Answer: The answer depends on the type of private insurance the student's parents have. Certain HMOs prohibit balance billing. Medicaid-covered students will NOT be balanced billed. Uninsured or private-pay families can be billed a REASONABLE charge for services based on a sliding fee scale. Families should NOT be sent to collections for unpaid SBHC bills. NO student (who has parental consent for SBHC services) should be denied services because of the ability to pay.

17. How was funding determined for each school?

Answer: The base funding for each SBHC is \$170,000. The contractor will receive \$34 per student over a school population of 1,000.

18. Is there a charge for the billing vendor to provide billing services for our sites?

Answer: Yes. \$7.50 per claim, first submittal; \$9.50 per claim, resubmittal. \$250 for credentialing and enrollment of new providers (new after go live).

19. Are vendors responsible for providing computers/software as specified in RFP or will the funding come through federal grant for which DPH just applied?
Answer: DPH has applied for funding through a federal grant and will know in July whether we have been funded. If DPH does not receive the capital equipment funding, vendors are responsible for providing computers and software.
20. Will the state still supply the medications free of charge to SBHC?
Answer: Yes, however, centers can only charge administrative fees for injecting vaccines. Vendors can only order medications/vaccines based on the SBHC formulary NOT, DPH's formulary. SBHCs also CANNOT charge for any medications nor vaccines provided by DPH.
21. Will labs still be processed for SBHC as they are now, which is without charge to students?
Yes, as long as those labs are the same ones that DPH currently provides to the wellness centers.
22. Will there always be a certain level of funding from the state which will support uninsured students?
Answer: It is DPH's expectation that wellness centers will always need some state support for operations, based on models in other states. Actual funding levels are determined by the Legislature each year.

Staffing/Model:

23. Is a coordinator required to be at each site whenever the site is open, or must there just be a designated coordinator for each site who is present at least a couple of days a week and available if needed?
Answer: From 1985 – 2011, the minimum requirement for each center was to have a:
- **Fulltime (35 – 30 hours per week during the regular school year) Center Coordinator (either NP, PA, RD, Licensed Clinical Social Worker);**
 - **At least 30 hours per week for a licensed clinical social worker (where the Center Coordinator was a medical provider OR at least 30 hours per week a Nurse Practitioner or Physician Assistant (where the Center Coordinator was a licensed clinical social worker);**
 - **Fulltime Administrative Assistant;**
 - **Registered Dietitian for at least 4 to 6 hours per week and**
 - **70 hours per year for the physician**

The current budget of \$5.3 million supports the above model. The FY 12 remains at \$5.3 million. In addition, contractors will have the ability to generate center revenue by third-party billing. Proposals will be rated based on how well the contractor will provide universal health access to all students at the wellness centers, how well the contractor builds school-wide and community capacity and ownership of EACH center and how well the contract will establish linkages with schools, districts and the community for each school along with all the other criteria described in the RFP.

24. Can NP/PA s order imaging and labs?
Answer: Yes, ,the NP/PA can order the lab, however, DPH will not be responsible for the cost. DPH also strongly recommends that students be referred to a medical home. The current labs that DPH supports in SBHCs are; throat cultures, viral cultures, bacterial cultures, gonorrhea and Chlamydia.

Administration:

25. If vendor system requires more detail in consents, can a consent in addition to DPH SBHC consents be used?
Answer: Contractors should use DPH forms. The forms will be sent to you after the prebid meeting.
26. What if the vendor's system cannot meet all the IT requirements outlined in the RFP?
Answer: They will have to use the selected vendor from DPH.
27. Will there be an announcement to existing vendors as to who was awarded funding so staff can be informed?
Answer: DPH will inform all bidders and current vendors who is selected.
28. Who is responsible for paneling the providers, the operations vendor or the billing vendor?
Answer: The billing vendor is responsible for those contractors who elect to choose their services. If not, vendors are responsible for paneling.
29. Will vendors negotiate the suppression of EOBs from commercial insurers, or will billing vendor or DPH?
Answer: The SBHC vendor.
30. Will vendors have access in the centers to Medicaid eligibility?
Answer: Once medical providers are established with the Delaware Medical Assistance Program, they can go to www.dmap.state.de.us and sign in with their User ID information and password to get Medicaid insurance information on sbhc enrollees or they can call 800-999-3371.
31. The RFP asks how vendors are going to address third-party billing. If we are going to use the billing vendor selected by DPH, what else needs to be addressed regarding third-party billing in the RFP?
Answer: If vendors elect to use the selected DPH third-party billing services they need to state it in their proposals. Nothing else will be required of them as far as documenting the logistics of third-party billing unless they elect to panel their staff instead of using the services of the DPH selected vendor.
32. On page 9-10 of the RPF (Project Overview section) you note "all 28 schools have either participated in a needs assessment and/or planning process or have risk data available on their schools based on the Youth Behavior Survey which identify the health-related problems of the student population." Can this information be made available to vendors considering bidding on specific schools?
Answer: In order to access the most current Youth Risk Behavior Survey information on high schools click on the link <http://www.udel.edu/delawaredata/reports.htm> Drug and alcohol data is available at the school and district level.
33. On page 10, (Project Vision, Mission, and Guiding Principles) #1 speaks to "offering confidential care", how will this be impacted by billing as EOB's are routinely sent to policy holders, in this case, the parent?
Answer: DPH had discussions with Medicaid and with the top four private insurance carriers on whether they could suppress the EOBs and they

said, “yes” that they could. Vendors will have to negotiate this with the insurers.

34. On page 11, #9 (Guiding Principles), “Students must have parental written consent...., does this only apply to students who are minors?

Answer: This only applies to minors.

35. Page 12, (part of Scope of Services/Process Evaluation Reporting Requirements) “the contractor will be responsible for defining the types of services to be offered and the frequency (e.g. number of hours) with which services will be provided.....As we do not know how the change to a billing environment will effect usage can a range as determined by utilization be given here?

Answer: Yes.

36. Page 12 (Process Measures): Will the state provide historical data in regards to percentage of population enrolled, number of unduplicated users and overall center visits?

Answer: Yes.

37. Page 12 (Length of Contract) Available funding beyond June 30 2012, is there an expectation that it will differ from July 2011-June 30 2012? If funding changes will the contractor be permitted to modify staffing levels in regards to those changes?

Answer: Funding is based on the Legislature. If base funding changes and third-party revenue do not reasonably cover operational expenses, vendors may renegotiate the contractual terms.

38. Page 18 – (Number of Copies Required), do you want the RFP’s on actual CD’s not jump drives?

Answer: The CD requirement comes from the Office of Procurement. Vendors will need to submit their proposals on CDs.

39. Page 31, If not asking to be considered a Minority Business Enterprise or Women’s business enterprise should this form still be included with “no” circled?

Answer: If not asking to be considered a Minority Business or Women’s Business Enterprise, the form should be submitted with “no” circled.

40. Page 47, #11 staffing models: Is it required that the Center Coordinator be on sight daily? Could the second provider (either NP or LCSW/LCP) assume administrative responsibility 1 day a week as long as the center coordinator was available by phone? If a Center is currently structured either as a medical or social work model, what would be required to change the model structure?

Answer: Please see the answer to question number 23.

41. As billing will begin for all students next year, will students currently enrolled in the centers need to be deleted from the system or will we be able to re-enroll them with the new forms without first deleting them from the system?

Answer: Students can be placed on “pending” status during the transition into the new database. Once the new system is developed all information will have to be entered into that system. If the data system is not available on July 1, new vendors would continue to enter information into DPH’s old system.

42. Question – Will DHSS, Division of Public Health accept out-of-state proposals?

Answer: Yes. There are no restrictions or exclusions based on the location of a bidder. Bidders are judged solely on the merits of their proposal. However, attendance at the pre-bid meeting is mandatory.

43. Question – Do bidders have to respond to the SBHC Implementation RFP by school district?

Answer: Yes. Example, if there are three high schools within the district that have been previously established as sbhcs, the bidder must submit a proposal that includes all three high schools. Budgets for EACH high school must be submitted separately, however.

44. Question – Is it possible to obtain utilization and outcome data for the specific high schools on which one plans to bid?

Answer: Yes. Data will be provided at the pre-bid meeting.

45. Question – Is it possible to obtain a copy of any evaluation(s) done by DPH on the school-based clinics?

Answer: Yes, DPH will send an attachment through email to the bidders of the last evaluation of sbhcs after the pre-bid meeting.

46. Question – What support can the vendors expect from DPH if there is a transition in the vendor?

Answer: There will be discussion and consensus among the new vendor, Public Health and the old vendor about records, etc. This will be communicated to the school affected. All bidders will also have to include a letter of support from either the superintendent or the principal of the school as part of their proposals.

47. Question – What is the impact of the Bradley law(s) on the delivery of care at the centers? What is the Attorney General’s response to children being seen without a parent? Although nurse practitioners and nurses might be excluded from the law(s), what is the impact on physician’s and/or physician assistants who work at the centers? How does the new “chaperone law” impact the delivery of care in these centers?

Answer: The Bradley Law applies to physicians. Physicians providing services to the wellness centers must abide by the law. Centers also need to post signs at the sites.

[http://www.legis.delaware.gov/LIS/lis145.nsf/EngrossmentsforLookup/HB+456/\\$file/0661450213.doc?open](http://www.legis.delaware.gov/LIS/lis145.nsf/EngrossmentsforLookup/HB+456/$file/0661450213.doc?open)

Above is link to legislation as engrossed into code. Have extracted section re: notice...

The notice shall be provided in written form or be conspicuously posted in a manner in which minor patients and their parent, guardian or other caretaker are made aware of the notice. In circumstances in which the posting or the provision to the patient of the written notice would not convey the right to have a chaperone

present, the person licensed to practice medicine shall use another means to ensure that the patient or person understands the right under this section.

48. Question – The RFP states that DPH is contracting with a vendor to bill and mandates that the operations vendor use this vendor for billing. Please clarify how the operating vendor will be reimbursed for this billing. Will those funds go directly to the vendor or will they go to Public Health?

Answer; The vendor selected by DPH will charge the medical vendor \$7.50 per claim and \$9.50 for resubmissions. Revenue generated from the centers will be in a “lock box” on internet at a bank. The money will go directly to the vendor.

49. Question – What is the basic model of care that is expected by DPH?

Answer: From 1985 – 2010, centers were required to have a fulltime Center Coordinator who also served as a clinician (either medical or mental health), a fulltime administrative assistant, either a mental health provider or nurse practitioner who worked at least 30 hours per week at the site, a part-time registered dietitian and a part-time physician. Larger centers like William Penn and Christiana were required to provide additional hours. However, with third-party reimbursement, some of the services that sbhcs are currently providing will not be covered including many of the nutrition services and some of the mental health services. Therefore, DPH did not include a standard model in the RFP to give bidders greater flexibility in providing services, however, it is NOT to say the proposed models should not reflect providing comprehensive medical and mental health services at each center. In addition, in FY11 and in the proposed budget for FY12 the sbhc budget was not cut. This means that DPH has been operating on a \$5.3 million sbhc budget for 28 schools. Nationally this is extraordinary since similar centers are usually provided a fraction of such funding. As an example, there is a sbhc program in Baltimore that runs 32+ sbhcs on a budget of \$2 million and where the vendor is responsible for securing additional funds. Furthermore, monies generated by third-party reimbursement will go to the vendors and not to Public Health. Having said that part of the rating’s committee process will factor in how bidders use DPH funding to provide services to students at the centers. Prior to FY 12, the majority of the budget was spent on salaries and fringe. Each center must have a separate budget and reflect salaries and fringe for all staff at each site. Even if there is more than one high school in the district, bidders must provide a separate budget for each school with the number of hours per week and the number of weeks that the center will be opened since each center meets the threshold of procurement law of being funded more than \$50,000. This will be part of the discussion that DPH has with the principals and the district superintendents about the provision of the vendors providing comprehensive medical and mental health services in a third-party environment. In addition, DPH is applying for various federal funding and uses the current staffing model in order to secure grants which still includes a fulltime center coordinator clinician, the fulltime

administrative assistant and an additional either mental health or medical provider to work at the center for at least 30 hours per week.

Proposals will be rated based on how well the contractor will provide universal health access to all students at the wellness centers, how well the contractor builds school-wide and community capacity and ownership of EACH center and how well the contract will establish linkages with schools, districts and the community for each school along with all the other criteria described in the RFP.

50. Question – Is there minimum staffing requirements for each site?

Answer: Refer to question 49

51. How do bidders obtain a list and frequency of the immunizations that are used at the SBHCs?

Answer: The number of immunizations will be provided at the prebid meeting from the aggregate visit count per site.

52. What is the total possible length of the contract?

Answer: For five years initially and then up to five one-year contracts. Potential total provided all requirements are met = 10 years.

53. When will the consent forms be available?

Answer: They will be sent to you via attachment after the prebid meeting.

54. What expectations does Public Health have for student enrollment? Will the model used in the past (4 visits per unduplicated student) be used to determine visit counts for the year?

Answer: Bidders should use the aggregate information provided at the prebid meeting to examine the level of the current enrollment and use those figures to establish milestone dates for student re-enrollment given the introduction of third-party billing and demonstrate how vendors will get school, parent, student buy in.

55. Are vaccines going to be provided to non-Medicaid students for free?

Answer: In FY 12 students eligible for the VFC program = Below is the VFC criteria:

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program)
- **Uninsured:** A child who has no health insurance coverage
- **American Indian or Alaska Native:** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **Underinsured:** A child who has commercial (private) health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC).

Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its

administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Students not VFC eligible, will NO longer be eligible for 317 funding through DPH .

56. Page 11, #8 states, "school-based health centers will be funded by state, federal, in-kind and fee-for-service resources. What are federal resources?"

Answer: Two examples of federal funds that will affect SBHCs are the PREP grant and the Capital Equipment grant.

57. Will we be able to have access to the evaluation component of the RFP for third-party billing?

Answer: Evaluation of RFPs are covered through the Freedom of Information Act. If bidders wish to receive such information about the third-party billing services RFP, they should call 302-255-9290. The DPH selected vendor is in contract negotiation. The contract should be in place sometime in April. At that time, DPH will include medical vendors along with the selected third-party services provider to discuss the logistics of the services.

58. Could there be a review of the CD and paper requirement submissions to this proposal?

Answer: The requirements for how proposals are to be submitted for this RFP are stated in Section VI. A. of the RFP. They were also reviewed at the pre-bid meeting.

59. Is the vendor to complete the service and budget description (Appendix B) page 44?

Answer: No, it is there for the vendor's information about the content of what goes into a standard contract.

60. Page 45, Appendix F, #2, states that the Center will be open for services on the agreed upon date...what is the expected date for services to start? What if there is a change in the JFC funding that is not announced until 7/1/11?

Answer: Funding for centers is available July 1st. Vendors are allowed to have reduced summer hours. The contract will start on July 1, 2011, the actual start dates for services should be identified in your work plans. If the JFC makes changes in funding, this would be reflected in a contract amendment.

61. If the vendor for the center remains unchanged, will new collaborative agreements and standing orders be required within 30 days of the opening of the Wellness Center (page 45 #3)?

Answer: Yes. As an example, even if the vendor remains the same, the medical protocols will be different under third-party billing, like the policy change for immunizations for students who do not meet the criteria for the VFC program.

62. Page 46, #9 – if current staff continue in their roles at the wellness centers, in other words, if medical vendors reapply and receive the bid who have current employees at the wellness centers who have criminal background checks on them and were sent into DPH, do those same staff have to undergo another criminal background check?

Answer: No, however, vendors must submit a notarized letter stating that all staff working at the wellness centers have had criminal background checks completed on them and that they have met all obligations by law, as it applies to statute. All new staff need to get a criminal background check and send a copy to DPH for their files.

63. Page 47, #12 refers to a satisfaction survey; would this be provided by Public health or developed by the vendor?
Answer: Developed by the vendor.
64. Page 48, #16, discusses chart reviews by the physician...is there a particular format by DPH wants?
Answer: No, however, the documentation must support the chart review.
65. What is the timeframe for the six-month narrative?
Answer: The semi annual report is due on or before January 15th and the annual report is due on or before on or before July 15 now that centers can be opened at reduced hours during the summer. DPH will already have data figures, however, centers should include goals and objectives and give numbers to support how your objectives were met and provide the reporting elements as described in Bright Futures (which will be sent to you via email after the prebid meeting), issues in providing third-party billing at the school with possible solutions, and documentation that the vendor has had a meeting with the superintendent and principal, etc.
66. What provisions will there be for non-covered services?
Answer: Vendors have to check with private insurers since some policies cover services others do not. In addition, Medicaid will pay at a unit cost rate which means that some of the services will also be included under the unit cost.
67. Based on DPH funding, third-party billing revenue, student needs, school needs, is the vendor allowed to adjust hours and services after the contract has been signed?
Answer: The vendor is allowed to enter into negotiations with DPH that may lead to an amendment.
68. What provisions are made for not billing sensitive issues?
Answer: This must be developed between the vendor and the insurance company.
69. Please define reproductive health?
Answer: Vendors need to define reproductive health in terms of what the school board will approve, what the vendor can provide, independent of DPH fiscal support and what the provider's license covers in the context of providing condoms and oral contraceptives as indicated in one of DPH's generic consent forms that will be sent to you via attachment after the prebid meeting.
70. Page 48, #16, refers to minimum data set, please explain.
Answer: Most of the minimum data set will come from variables that DPH will include in the development of the new database and Bright Futures. An attachment explaining Bright Futures will be sent to you after the prebid meeting.
71. Are services limited to high school students? Can the vendor open services to district wide students if vendor and district agree?
Answer: Schools covered under this grant and subsequent contract are only for the public high schools listed in the RFP.
72. Woodbridge School District would like to expand services at least to the 6th grade. Currently, 6th grade students are housed with 7th and 8th grade students, can this be permitted?

Answer: Since Woodbridge was originally implemented as Woodbridge Middle/Senior High School SBHC, it is permitted, provided that DPH receives documented approval from the school board and indicating that all the services that are provided for the entire high school are available for 6th graders provided that the parents enroll the student.

73. Could each vendor have an estimate (from FY 2010) of what Medicaid dollars were generated by SBHCs?

Answer: For FY 09, \$1.7 million was generated by SBHCs. This is based on a bundled rate.

74. Is the budget to be submitted only for one year?

Answer: Yes, however, work plans should be for five years.

75. Who is responsible for any insurance denials or rework? How will the billing vendor communicate with the wellness center vendor ways to improve the billing process, increase collections and prevent loss of revenue?

Answers: For vendors electing to use the DPH selected vendor to provide third-party billing services, the selected vendor will be responsible for handling denials. There will be discussion between the selected vendor and the medical vendors about the entire third-party billing process.

76. What duties will the Administrative Assistants be responsible for related to the third-party billing process?

Answer: Input claims. Input data. It will be the responsibility of the DPH selected third-party biller to keep up-to-date with ICD9 and CPT codes and the providers to submit the most current, accurate information to the AAs for billing.

77. Are we to estimate projected third-party billing revenue in our budgets?

Answer: Yes.

78. Can centers back bill to July?

Answer: Program funding starts in July. Services can be billed in July.

79. Who determines if a student is financially unable to pay? What guidelines would Public Health use in these situations?

Answer: Vendors should develop a sliding fee scale with justification for those students who are uninsured or for those students who private pay. This should be sent to Public Health for approval.

80. Page 50, #26 of the RFP refers to "vendors must report collection information to DPH via the data system or approved alternate billing and evaluation data system.

Answer: What this means is that for those vendors who choose to use the DPH selected third-party biller that collection information will already be provided in the system. For those who do not, they still have to provide this information to DPH.

81. Is part of the third-party billing contractor's responsibility to send bills to students or their families?

Answer: Just as in EOBs, it is the expectation of DPH for vendors to work out negotiations with insurers so that bills are not sent home to parents or families nor for them to have to pay co-pays.

82. Is it the responsibility of the Administrative Assistant to discuss bills with families?

Answer: This should be determined by the vendor.

83. Please explain adequacy of the work plan and schedules (#1, five-year timelines).
Answer: Bidders should include five-year work plans with timelines. As an example, bidders could establish tables with headings "Process Objectives", "Action Steps", "Partners", "Indicator", and "Time Frame for the delivery of your program(s).
84. Please provide information regarding the current Medicaid reimbursement for mental health services.
Answer: Through upper limit reporting by all current vendors to Medicaid, via DPH, Medicaid has established a carve out for sbhc services. You will be given a copy of the unit rate at the prebid meeting.
85. Page 48, #17 refers to the computer system, is this for the AA's computer or for any staff who has a computer in the wellness center.
Answer: For the AA's in particular. Centers must be able to communicate with DPH through computers. To this end, computer systems must be compatible.
86. What is the license fee for centers in order to use the DPH selected vendor who will provide third-party billing services an evaluation?
Answer: The license fee for contractors to use the DPH selected vendor is \$1,800 per user regardless of F.T.E. status. All centers will be charged this fee regardless of whether they use the selected vendor for third-party billing services since all centers must use the selected vendor for the evaluation portion of the contract.
87. What is the collection rate of the DPH selected vendor?
Answer: The selected vendor had an 80% claims paid rate in 2008 and 79% in 2009.
88. When bidders submit their proposals, should they present information by district or by school?
Answer: Bidders should present information by school district, however, they must include separate budgets for individual centers. Example, if the district has three schools, budget information, goals and objectives, etc. should be presented for three schools within that district. Staffing hours should also be included and presented by the number of hours per week times the number of weeks including during reduced summer hours.
89. Will eighth graders be included in the population that can be served at Milford Senior High School since they are now located at the site?
Answer: Eighth graders can be served; however, their numbers will not be included in the base funding.
90. Will sixth graders be allowed to receive services at Delmar, Woodbridge and the Wilmington Campus?
Answer: Yes, however, sixth graders under 12 years of age will need a separate consent form to ensure they and their parents understand that services are not confidential. Vendors will need to ensure that there is a "consent change-over" when the student turns 12.
91. Can bidders have access to the evaluation information from the DPH selected vendor to provide third-party billing services and evaluation?
Answer: Yes, vendors would have to submit a written request under the Freedom of Information Act (FOIA) through the Office of Procurement. The

appropriate mailing address appears in the RFP or can be obtained by calling the central Procurement telephone number 302-255-9290.

92. What is the Medicaid rate?

Answer: Medicaid's rate through December 2010, was \$108.22. That rate was handed out at the prebid meeting. However, this rate depends on the "upper limit" information that centers provide Medicaid through DPH. Lower visit counts will negatively impact the rate.

93. If centers get approval to provide reproductive health at their sites, will they be allowed to use Title X funding?

Answer: Centers can only get approval to provide reproductive health services through the written approval of the school board with minutes documenting their approval sent to DPH. Such services can only include the distribution of condoms and oral contraceptives. Costs for these items will NOT be automatically funded by Public Health. Centers have to apply to become Title X providers. Such application comes through Norman Clendaniel at 302-744-4920, Norman.Clendaniel@state.de.us.

94. Do the medical records belong to the vendor or to Public Health?

Answer: Medical records belong to the vendor; however, Public Health has access to these records.

95. The RFP states that potential bidders must provide a letter of support from either the superintendent or the high school principal, is this correct?

Answer: The term "letter of support" is not correct and any references in the RFP to a "letter of support" are hereby replaced by "letter of good faith inquiry".

A letter of good faith inquiry can either come from the superintendent or the principal; however, the bidder will be disqualified if it does not have a letter of good faith inquiry. The content of the letter should reflect the vendor has done due diligence in determining the expectations of a specific school relating to the operation of a School Based Health Center.

96. How will multiple sports physicals be handled?

Answer: Sports physicals can be billed to Medicaid and private insurers based on the negotiated terms. Centers can also set fees for sports physicals for the uninsured or for those who have exhausted their benefits for the calendar year. Such fees should be a part of the center's sliding fee scale.

97. DPH stated that it will not allow NP/PAs to order imaging, could you explain why?

Answer: NP/PAs may order imaging in order to fully diagnose a student's condition, however, the state will not pay the vendor for this service.

98. Does the RFP provide for nutrition services?

Answer: Yes, however, vendors need to check with the insurers to find out if these services are covered for reimbursement.

99. If a student has limited visits under their private insurance carrier, what services will be available to the student when the limit is reached?

Answer: The same services will still be available to the student. If insurance coverage is exhausted, families may be billed on a sliding fee scale, to be approved in advance by DPH. No enrolled student should be refused service because of inability to pay. No family should be sent to collections because of delinquent SBHC bills.

100. What is expected of the bidders in terms of the work plan and budgets?

Answer: Vendors need to include an itemized budget for each of the schools within the district for which they are bidding. The work plan should include milestones and projections on the number enrolled, unduplicated counts, visit counts, estimated revenue from third-party billing, etc. for a five-year period.

101. Can a vendor choose not to bill for services?

Answer: With the introduction of third-party billing, DPH expects vendors to bill for services.

102. When is the expected date for vendor selection and contract approval?

Answer: Vendor selection will occur on or before 4/8/11. Contracts will be in place by July 1st.

103. If a student is VFC eligible can they be provided vaccines?

Answer: Yes.

104. Will the state support minority/women bidder application proposals?

Answer: Yes, the state supports all qualified organizations submitting proposals.

105. If a Federally Qualifies Health Center (FQHC) is selected as a vendor, can they still receive their Medicaid FQHC rate rather than the SBHC carve out rate?

Answer: An FQHC would receive the Medicaid SBHC visit rate. They would not be paid their FQHC rate by Medicaid because they would not be providing services in their capacity as an FQHC. FQHCs are a specific type of clinic under the Medicaid State Plan. Their minimum service package and reimbursement method are specified in regulation. They offer a much broader and comprehensive set of clinic services than SBHCs do. SBHCs are a separately defined type of clinic.

Please note that vendors can bid for as many centers that they can successfully implement using criteria established in RFP HSS 11 013. There is no pre-

determined association of a particular vendor with a particular center, any bidder can bid on any center.

